

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/437, 410	11/10/1999	604	3763	L-F/168DV3

APPLICANT
CHARLES S NEER, MILFORD, OHIO; JOHN N MINNICH, LOCKLAND, OHIO.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A DIV OF 09/189, 470 11/10/1998 PAT 6,004,292
WHICH IS A DIV OF 08/753, 288 11/22/1996 PAT 5,868,710

SK

371 (NAT'L STAGE) DATA***

VERIFIED

SK

FOREIGN APPLICATIONS***

VERIFIED

SK

FOREIGN FILING LICENSE GRANTED 12/09/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<u>SK</u>	OH	0	1	1

ADDRESS

THOMAS W HUMPHREY
WOOD HERRON & EVANS
2700 CAREW TOWER
CINCINNATI , OH 45202

TITLE

MEDICAL FLUID INJECTOR HAVING FACE PLATE WITH MAGNETIC CONDUCTORS

FILING FEE RECEIVED \$**760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet



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SERIAL NUMBER 09/437,410	FILING DATE 11/10/1999 RULE	CLASS 604	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. L-F/168DV3
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APPLICANTS

CHARLES S. NEER, MILFORD, OH ;
JOHN N. MINNICH, LOCKLAND, OH ;

** CONTINUING DATA *****

THIS APPLICATION IS A DIV OF 09/189,470 11/10/1998 PAT 6,004,292
WHICH IS A DIV OF 08/753,288 11/22/1996 PAT 5,868,710

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 12/09/1999

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 13	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and
Acknowledged Examiner's Signature Initials

ADDRESS

THOMAS W HUMPHREY
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TITLE

MEDICAL FLUID INJECTOR HAVING FACE PLATE WITH MAGNETIC CONDUCTORS

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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